| totherwise Yes No V  table travel or te than \$305 Yes No V  filling in the Yes No   | d attach Schedule IV.  If yes, complete and attach Schedule IX.  Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS  Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  No Standards of Official Conduct and certain other "excepted child?" | UST INFORM<br>oved by the Comm<br>ded from this repor | Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Officers trusts" need not be disclosed. Have you excluded from this report details of such a trust be child? | <u> </u> |
|--|---|---|--|----------|
| Yes   'Yes   'Ye | If yes, complete and attach Schedule IX.  Each question in this part must be answer schedule attached for each "Yes" respons ATION ANSWER EACH OF THESE QU  | UST INFORM  |  | Trı      |
| Yes □  'Yes □  'Yes □  'Yes □  'Yes □  | If yes, complete au<br>Each question<br>schedule attac  |   | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE   | EXCL     |
| Yes □  Yes □  Yes □  Yes □   | If yes, complete an   |   | If yes, complete and attach Schedule V.  | If y     |
|  | If yes, complete a  | Yes 🗸 No  | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?   | V. than  |
| Yes   S   S   S   S   S   S   S   S   S  |   |   | If yes, complete and attach Schedule IV.   | if ye    |
| OF YES   NO   NO   | Did you have any reportable agreement or arrangement with an outside IX. entity?  | Yes 🗸 No 🗌  | Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  | IV. repo |
| Yes   No   | If yes, complete and attach Schedule VIII.  | Yes No  | If yes, complete and attach Schedule III.  |          |
| Yes No   |   | i ,   | Did you, your spouse, or a dependent child receive "unearned" income of  | II Did   |
| Yes No   | If yes, complete and attach Schedule VII.   |   | If yes, complete and attach Schedule II.   | If yo    |
| Yes No   | Old you, your spouse, or a dependent child receive any reportable travel or VII. relimbursements for travel in the reporting period (worth more than \$305  | Yes No  | Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  | II. you  |
| Yes No   | if yes, complete and attach Schedule VI.  |   | if yes, complete and attach Schedule I.  | # Y2     |
|  | Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise   | Yes 🗸 No 🗌  | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?   | l. Did   |
|  | QUESTIONS   | OF THESE  | PRELIMINARY INFORMATION ANSWER EACH  | PREL     |
| late.  | ation   | ☐ Termination   | Type ( Annual (May 15) Amendment   | Tyr      |
| more than 30 days  | Termination Date:   | <br> <br> <br>  | port   | Report   |
| be assessed against  | Employee  |   | <b>()</b><br>  | Stat     |
| A \$200 penaity shall  | Officer Or Employing Office:  |   | <br><b>S</b>   | Filer    |
| Silv (Office Use Only)   | (Daytime Telephone)   |   | (Full Name)  |          |
| W  | 202-225-5501  |   | John McKee Spratt, Jr.   |          |
| 2000 JUL 17 PM L. 10   |   |   |  |          |
| EGISLATIVE RESOURCE TOTAL  | For use by Members, officers, and employees   | YEAR 2007   | FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007  | FINAN    |
| T HAND DEI WERE  | FORM A Page 1 of 8  | ITATIVES  | UNITED STATES HOUSE OF REPRESENTATIVES   |          |

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| SCHEDULE I - EARNED INCOME  | Name John McKee Spratt, Jr.   |  |
|---|---|--|
| List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more suring the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding 11,000. | in any source (other than the filer's current employr<br>the source and amount of any honoraria; list only th | nent by the U.S. Government} totaling \$200 or more le source for other spouse earned income exceeding |
| Source  | Туре  | Amount   |
| Mr. and Mrs. Bruce Smith,<br>Bishopville, SC  | Sale of painting  | \$650  |

|   | CHEDOLE III - ASSETS AND ONEARNED INCOME  | Name John McKee Spratt, Jr  | (ee Spratt, Jr.  |  |   |
|---|---|---|--|--|---|
|   | BLOCK A   | вгоск в   | вгоск с  | BLOCK D  | вгоск е   |
| Identify (a) ea a fair market and (b) any o than \$200 in land, provide mutual funds retirement plain which you investments) in the accour plans that are and its value that is not put its activities, information, information, information of parent or sible savings acconfigures of the contract of the co | Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income) | Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned. | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|   | Rank of America   | \$500 001 -   | DIVIDENDS  | \$15 001 - \$50 000  | ט   |
|   | Bank of America   | \$500,001 -<br>\$1,000,000  | DIVIDENDS  | \$15,001 - \$50,000  | ס   |
|   | Sonoco Products, Inc.   | \$250,001 -<br>\$500,000  | DIVIDENDS  | \$5,001 - \$15,000   | NA  |
|   | York Bancshares, Inc.   | \$1,000,001 -<br>\$5,000,000  | DIVIDENDS  | \$50,001 - \$100,000   | NA  |
|   | Lake Wylie Plaza Associates   | \$15,001 -<br>\$50,000  | DIVIDENDS  | \$5,001 - \$15,000   | NA  |
|   | Delta Woodside, Inc.  | \$1 - \$1,000   | DIVIDENDS  | \$1 - \$200  | NA  |
|   | RSI Holding, Inc.   | \$1 - \$1,000   | DIVIDENDS  | \$1 - \$200  | ¥   |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Congressional FCU York, SC Bank of York, IMA York, SC US House of Reps Bank of York, NOW Cash Value, Whole Life NY Life Insurannce Phoenix Home Life Life of Virginia Cash Value, Whole Life Cash Value, Whole Life Insurance, Equitable Cash Value: Whole Life Spratt, Note and Mortgage T. B.. Spratt, III and Alexa H plant nursery, 25 acres Spratt, III, 50 acres Ray Kimbrell, 250 acres Kimbrell Pasture lease to John Ray Brickyard Road, Fort Mill, SC (2) Horse pasture lease to T. B Timberland, 800 acres Acreage, Pasture Land Waterman Marine Corp. Lease to Wm. Howle, tree and Cattle pasture lease to John \$15,001 -\$50,000 \$15,001 -\$50,000 \$250,001 \$500,000 \$100,000 \$1,001 - \$15,000 INTEREST \$50,000 \$15,001 None None None \$50,001 -\$1,001 - \$15,000 | DIVIDEND None None \$25,000,000 \$1 - \$1,000 \$5,000,001 -Name John McKee Spratt, Jr. RENT RENT RENT RENT DIVIDENDS DIVIDENDS INTEREST INTEREST **CAPITAL GAINS** RENT DIVIDENDS DIVIDENDS NONE \$201 - \$1,000 \$15,001 - \$50,000 \$1,001 - \$2,500 \$1,001 - \$2,500 \$2,501 - \$5,000 \$201 - \$1,000 \$15,001 - \$50,000 \$1 - \$200 \$1,001 - \$2,500 \$1,001 - \$2,500 \$2,501 - \$5,000 \$1,001 - \$2,500 \$2,501 - \$5,000 Σ× Š ¥ Š × Z Z × Z Z S Z Z Š

| SCHEDU         | SCHEDULE III - ASSETS AND "UNEARNED" INCOME   | Name John McKee Spratt, Jr. | (ee Spratt, Jr. |                    |              |
|----------------|---|-----------------------------|-----------------|--------------------|--------------|
| SP             | SunTrust Checking Acct  | \$1,001 - \$15,000 INTEREST | INTEREST        | \$1 - \$200        | NA           |
| <br> <br> <br> | Bank of America   | \$1,001 - \$15,000          | INTEREST        | \$201 - \$1,000    | NA           |
|                | Bank of York IRA  | \$15,001 -<br>\$50,000      | INTEREST        | \$1,001 - \$2,500  | N            |
| SP             | Bank of York IRA  | \$1,001 - \$15,000          | INTEREST        | \$201 - \$1,000    | N            |
| SP .           | Residence and Lot, 3701 Porter Street, NW, Washington, DC, Basement Rental to Jeane W. Presto | \$500,001 -<br>\$1,000,000  | Rent            | \$5,001 - \$15,000 |              |
| SP             | 19 N. Congress Street,<br>York, SC  | \$100,001 -<br>\$250,000    | RENT            | \$5,001 - \$15,000 |              |
| <br>           | 233 Kings Mountain Street,<br>York, SC  | \$250,001 -<br>\$500,000    | None            | NONE               | <u>l</u><br> |

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## SCHEDULE IV - TRANSACTIONS

Name John McKee Spratt, Jr.

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

| SP,<br>DC,<br>JT | Asset  | Type of Transaction | Date      | Amount of Transaction |
|------------------|--|---------------------|-----------|-----------------------|
|                  | T. B. Spratt, III and Alexa H. Spratt, Purchase-<br>Money Note and Mortgage, Fort Mill, SC | S                   | 11-15-07  | \$15,001 - \$50,000   |
| <br>             | Bank of America Common Stock, Dividend Reinvestment  |                     | Quarterly | \$15,001 - \$50,000   |
|                  |  | ,                   |           |                       |

## SCHEDULE V - LIABILITIES

Name John McKee Spratt, Jr.

amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest

|   |   | 1                     |
|---|---|-----------------------|
| Creditor                                      | Type of Liability   | Amount of Liability   |
| Bank of York, York, SC                        | Mortgage on 233 Kings Mountain Street, York, SC   | \$250,001 - \$500,000 |
| Congressional Federal Credit Union            | Promissory Note   | \$10,001 - \$15,000   |
| Bank of America                               | Promissory Note   | \$50,001 - \$100,000  |
| Bank of America                               | VISA Credit Cards   | \$15,001 - \$50,000   |
| South Carolina Bank and Trust of the Piedmont | Endorsement of Note from Stephen R. McCrae, Jr.   | \$100,001 - \$250,000 |
| Bank of York, York, SC                        | Mortgage on 19 North Congress<br>Street, York, SC   | \$50,001 - \$100,000  |
|   | Creditor  Bank of York, York, SC  Congressional Federal Credit Union  Bank of America  Bank of America  South Carolina Bank and Trust of the Piedmont  Bank of York, York, SC | Credit Union          |

## **SCHEDULE VIII - POSITIONS**

Name John McKee Spratt, Jr.

representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities; positions solely of an Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, honorary nature; and positions listed on Schedule I.

|                    | 00000000                               |
|--------------------|--|
| Position           | Name of Organization                   |
| Board of Directors | Carolina Community Action Agency, Inc. |
|                    |  |